

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521676

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52	1	0				
3							53	1					
4		1					54	1					
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17	1						67						
18		1					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26	1						76						
27		1					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33	1						83						
34		1					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41	1						91						
42		1					92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47	1						97						
48		1					98						
49		0					99						
50		0					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	8	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	3	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	11					